

September 12, 2003

Re: Medical Dispute Resolution
MDR # M2-03-1648-01
IRO Certificate No.: 5055

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ____ for an independent review. ____ has performed an independent review of the medical records to determine medical necessity. In performing this review, ____ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Neurosurgery.

Clinical History:

This female claimant suffered a soft tissue injury in a work-related accident on _____. She has been evaluated with MRI scans, CT scans, CT myelograms, and discograms, as well as EMG. Her diagnosis has been described as a lumbar radiculopathy with findings on physical exam of dermatomal loss in the L-5 root distribution, as well as nerve root tension signs.

She has undergone what her treating physician describes as conservative treatment the past two years. She has had physical therapy, facet joint injections, non-steroidal anti-inflammatory agents, and narcotic pain medicine.

Disputed Services:

Lumbar fusion L4-5, a 3-to-5-day hospital stay, a brace, and a spinal external bone growth stimulator.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the procedure and services in question are not medically necessary in this case.

Rationale:

The treating physician documents, and the EMG reveals, that this patient has an L-5 radiculopathy. The CT myelography also shows diminished filling of the right L-4 and L-5 nerve roots. On physical exam, the physician finds that the patient is having straight-leg raising signs at 60 degrees. Other physicians have found the patient to have dermatomal loss, predominantly in an L-5 root distribution.

Lumbar fusion is geared less towards a radicular process than one of a degenerative disc process. While it is true the patient has changes within both of her discs, and while it is also true that she has had a discogram, the situation is much more closely resembling a lumbar radiculopathy, as the treating physician has described. With regards to the central disc protrusions at L-4 and the discogram, the reviewer finds the possibility of discogenic back pain arising from three different levels as unlikely.

Performing a two-level instrumented fusion on a 62-year-old woman should not be undertaken lightly. In a situation such as this, there are too many confounding factors to expect that this aggressive procedure would have much success.

Additional Comments:

The reviewer recommends treating the diagnosis, specifically, the right L-5 radiculopathy. Treatment would consist of L-4 and L-5 laminotomies with foraminotomies being performed over both the L-5 and S-1 nerve roots. This would address the objective abnormalities identified on the CT myelogram, as well as the EMG. This will also address the radicular component of the patient's pain that seems to be the major clinical complaint. The medical records provided did not document addressing in a great degree any of the remedial factors with regard to low back pain, aside from vicarious improvement with the epidural injections. If the patient has significant mechanical low back pain, a stringent regimen of physical reconditioning is recommending. This should include not only physical therapy, but also aerobic reconditioning, strict weight loss, cessation from tobacco, and weaning off narcotic medications. It appears as if the lumbar radiculopathy will impede that, so a surgical procedure designed to alleviate that lumbar radiculopathy would allow the patient to effectively treat the low back pain.

I am the Secretary and General Counsel of ____ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ____ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on September 12, 2003.

Sincerely,